

**ARIZONA BOARD OF ATHLETIC TRAINING**5060 North 19<sup>th</sup> Avenue, Suite 209

Phoenix, Arizona 85015

(602) 589-6337

FAX: (602) 589-8354

[www.at.az.gov](http://www.at.az.gov)**CHANGE OF NAME, ADDRESS, TELEPHONE NUMBER AND/OR  
EMPLOYMENT**

Please complete this form with the updated information. The Board requires that a licensee maintain both a current residential address and phone number, as well as current employment information.

**EXISTING INFORMATION**

Name		License #	
Home Address on record		City	
State		Zip Code	
Home Telephone # on record:			

**NEW INFORMATION**

Name Change – as you want it to appear on your license			
Home Address		City	
State		Zip Code	
Home Telephone Number:			

**CHANGE OF EMPLOYMENT**

Name of employer			
Employer Address		City	
State		Zip Code	
Telephone Number:			

**Please note that if you don't provide us with a business address on your application your home address becomes public information.**

**This form may be faxed without a cover sheet to: (602) 589-8354**